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<b>Application Number</b>	10/662,612
<b>Filing Date</b>	09-15-2003
<b>First Named Inventor</b>	Gust Bardy
<b>Title</b>	UNITARY SUBCUTANEOUS ONLY IMPLANTABLE CARDIOVERTER- DEFIBRILLATOR AND OPTIONAL PACER
<b>Art Unit</b>	3766
<b>Examiner Name</b>	MULLEN, KRISTEN DROESCH
<b>Attorney Docket Number</b>	CAMP0001US2 (CH-0043)

I hereby revoke all previous powers of attorney given in the above-identified application.

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Applicant/Inventor

☒Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature	/Jay A. Warren/	Date	08/08/07
Name	Jay A. Warren	Telephone	(949) 498-5630
Title and Company	President and CEO, CAMERON HEALTH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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